Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

	TE / OFFICEHOLDER N FINANCE REPORT	d.	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING	NICKNAME LAST VAN OUDEKERKE ADDRESS / PO BOX; APT / SUITE #; CITY; 323 SCOTT	SUFFIX STATE: ZIP CODE	Date Received Clerk OCT 0 8 2010 City of San Marcos Date Hand-delivered or Date Postmärked
ADDRESS Change of Address	San Marcos TX	78666	Apple Commencer
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 878-046/	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Oreg to Last NICKNAME WUVZback	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; ### BIANC SAN MARCOS		ZIP CODE 8666
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 754- 728	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O7 / 26 / 10 THROUGH	Month Day	Year //Ö
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	S MADE BY OTHERS WITHOUT THE	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
additional pages			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAIHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	СОММІТТЕЕ ТУРЕ	COMMITTEE NAME		
GENERAL				
	SPECIFIC COMMITTEE ADDRESS			
	-	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
, .		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 179 199	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2 600	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		ZED \$	
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 454.21	
CONTRIBUTION BALANCE	TOTAL POLITICAL EXPENDITURES #54.21 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD ** 2 145.7**			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	HE \$ 6	
19 AFFIDAVIT				
SOLEN PLEASE		is true and correct and includes all i	perjury, that the accompanying report nformation required to be reported by	
*	MARGARET J. SALINA MY COMMISSION EXPIR	inc under rice 10, Election Code.		
The state of the s	January 6, 2014	Lack S		
		Signature of Cand	idate or Officeholder	
AFFIX NOTARY STAMP	/ SEAL ABOVE	~		
Sworn_to and subs	cribed before m	ne, by the said <u>Rodney Van Ot</u>	idekerke this the	
C(1)	of October	, 20, to certify which, witness m		
Margareta	Salinas	Margaret J. Salinas	Notary	
Signature of officer admin	stering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		8		
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-15-10	Charles Sims 6 Contributor address; City; State; Zip Code 304 OAK Ridge SA	en Marces Tx	and (If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 9-2-10	Full name of contributor out-of-state PAC (ID#: A M Y MEEKS Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
, , , ,	832 BELVIN, SAN	MAYOS, TX		of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		rexas, complete scriedule ()
Date	Full name of contributor out-of-state PAC (ID#_ RANDAII & KAThy MOUNTY Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-10		333 ChEATHAM 5 MTX		of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See II		Tokasi complete concusio 1)
Date	Full name of contributor out-of-state PAC (ID#_ On/ I J/M WEber Contributor address; City; State; Zip Code		Amount of contribution (\$)	ln-kind contribution description (if applicable)
9-18-10	715 BEZVIN Sm	4	50	
Principal occupa	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ CAY / 0.5 d Molly CAY (1) Contributor address; City; State; Zip Code	A	Amount of contribution (\$)	In-kind contribution description (if applicable)
920-10	748 CLEARNEW S	mTy	/00	Toyon complete Cabadula Ti
Principal occupa	tion / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

POLITICAL	CONTRIBUTIONS
OTHER THA	N PLEDGES OR LOANS

SCHEDULE A

O TITLE		*		
The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:) WAYNE KRAMEN 6 Contributor address; City; State; Zip Code			8 In-kind contribution description (if applicable)
9-19-10	133 Belvin Smith		SO	 - of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See		or rexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-4-10	1909 MESquite	SmTx	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See i		,
Date 9 - 10	Full name of contributor out-of-state PAC(ID#) Donna & Gemld /fill Contributor address; City; State; Zip Code	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	730 BEZVIM 5 MT,	ik	/00	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		r lexas, complete Schedule 1)
Date (i)	Full name of contributor out-of-state PAC (ID#_ JULY DAKE Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
7-70	220 N. Johnson		350	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		roxus, somplete senedale ()
Date 9 - 19-10	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	727 BOVIN SM ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
				

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1	CAL CONTRIBUTIONS THAN PLEDGES OR LOA		SCHEDULE A	
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A: 3 4/5
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#: Shirley Rogers 6 Contributor/address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
O Delected	102 Rogers Ridge	T	***	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
9-19-10	Full name of contributor out-of-state PAC (ID#: Ellen Aul f Contributor address; City; State; Zip Code 8/6 Belvin S'm		Amount of contribution (\$)	In-kind contribution description (if applicable)
		TY	75 (If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ LEANNE SMJTh Contributor address: City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-19-10	719 Belvin 5		(If travel outside o	if Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 9-19-10	Full name of contributor out-of-state PAC (ID#_ Bonnie & E) Long Cop Contributor address; City; State/ Zip Code	De III	Amount of contribution (\$)	In-kind contribution description (if applicable)
7 / / / /	833 BEZUM SM	Tx	200.	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date 9-20-10	Full name of contributor out-of-state PAC (ID#_ SAN DEES C Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
,	4/4 BlAnco, SMT	x	(If travel outside of	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		ionas, complete scriedule 1)

l .	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	.NS		SCHEDULE A
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A: 4 of 5
2 FILER NAME	<u> </u>		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 5-19-10		Full name of contributor out-of-state PAC(ID#:) AT rell & BAYBURA PIERSOL Contributor address; City; State; Zip Code		8 In-kind contribution description (if applicable)
	100 & howred SI	MTX	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_ PERRY & Mar anne M Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-19-10	740 Willow Ridge		/00 (If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
Date 9-16-10	Full name of contributor out-of-state PAC (ID#_ 5/m d JEM Bagget Contributor address; City; State, Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	726 Hopkins Smi	Tx	/OO (If travel outside o	t pf Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		
Date 9-1-10	Full name of contributor out-of-state PAC (ID#_ ELEMON BUTT CYOO Contributor address; City; State; Zip Code)/C	Amount of contribution (\$)	In-kind contribution description (if applicable)
	227 mitchell s	smTx !	250.	£Towns complete Cohodule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#_ B.G. C. JECN VY KY/e Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-19-10	7/1 SAN ANTONO. S	MTx	SZ. (If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		95 ⁵		
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A:
2 FILER NAME			3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 9-20-6	5 Full name of contributor out-of-state PAC (ID#) Same Area of Contributor address; City; State; Zip Cod.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	JAME Hyghson 6 Contributor address; City; State; Zip Code 1600 M. LBJ SW	1 Tx	200	 of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See		or rozad, complete constants 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		rexas, complete scriedule 1)
Date	Full name of contributor ut-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		ross, complete concedure 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)

POLITICAL	EXPENDITURES			SCHEDULE F
	EYPENDITURE	CATEGORIES	FOR BOY 9(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense T Food/Beverage Expense Travel In District C Polling Expense Travel Out Of District		Contract Labor Localising Expense Tr Constrict Rental Expense	pan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide 2 FILER NAME	explains now to	complete this form.	3 ACCOUNT # (Ethics Commission Filers)
10/2				7.000011 11 (2.000 00.000.00.00.00.00.00.00.00.00.00.0
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If to	ravel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
Date	Payee name			
9-2-10	PREMIUM Graphics Payee address; City: State	<i></i>		
Amount (\$)	Payee address; / City; Star	te; Zip Code	<u> </u>	
381				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Candidate / Officeholder name		SICHS	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		-	SIGNS Office sought	Office held
Date	Payee name			
9-13-10	SAMS Clus #	49581		
Amount (\$)		e; Zip Code		
44.	35 d WO S.	m marc	es Tx	2 1466
PURPOSE	Category (See categories listed at the top o	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other		STAMIC	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name		-	
9-14-10	TRActor Supply			
Amount (\$)	Payee address; City; State	e; Zip Code		
29.21	Huy 80 Sr.	nTX :	78466	
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	other		ZIP TIES	for sight
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sought	Office held

POLITICAL EXPENDITURES

SCHEDULE F

			ųž.		
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor L aising Expense T C trict Rental Expense Ò	ontributions/Donatio Candidate/Officeh THER (enter a cate	nent & Related Expense
4 Total pages Cabadula Ev	2 FILER NAME	explains now to	complete this form	`	(Filtre O. /
1 Total pages Schedule F:	2 FILER NAIVIE	į.		3 ACCOUNT #	(Ethics Commission Filers)
4 200	- Co				
4 Date •	5 Payee name				
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, o	omplete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Рауее пате				
1-17-10	Sian Arts				
Amount (\$)		te; Zip Code			
Amount (\$)	rayee address, City, Sta	ie, zip Code			
205,68	205 cheatha	in Sh	MTX	> Stell	6
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Category)	of this schedule)	Description (If t	ravel outside of Texas, co	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought	-17113	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If to	avel outside of Texas, co	mplete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	1	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top or	f this schedule)	Description (If tra	avel outside of Texas, co	mplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held

ATTACLI ADDITIONAL CODICE OF THIS COLUMNIE AS MEEDED.